

Case Number:	CM15-0188750		
Date Assigned:	09/30/2015	Date of Injury:	01/18/2001
Decision Date:	11/13/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/25/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59 year old female with a date of injury of January 18, 2001. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar post laminectomy syndrome, lumbar spine pain, lumbar facet joint arthropathy, and lumbar radiculopathy. Medical records dated June 10, 2015 indicate that the injured worker complains of lower back pain rated at a level of 6 out of 10. A progress note dated August 26, 2015 notes subjective complaints of constant back pain rated at a level of 6 out of 10 that will increase to 10 out of 10, and pain in the lower extremity. Per the treating physician (August 26, 2015), the employee is retired. The physical exam dated June 10, 2015 reveals mild to light tenderness at the left paralumbar or sacroiliac area, negative seated straight leg raise test, positive facet loading on the left, full range of motion with pain in extension and left side bending, and a slow gait without limping. The progress note dated August 26, 2015 documented a physical examination that showed decreased right patellar deep tendon reflex, decreased range of motion of the lumbar spine, and no sensory deficits in the lower extremities. Treatment has included radiofrequency ablation of the lumbar spine that provided over one year of pain relief, lumbar epidural steroid injection, and multiple sessions of physical therapy in the past. The original utilization review (September 11, 2015) non-certified a request for left L3 lumbar medial branch radiofrequency at L3, L4, and L5.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Left L3 Lumbar medial branch radiofrequency Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Facet joint medial branch blocks (therapeutic injections), Facet joint diagnostic blocks (injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy.

Decision rationale: The patient presents with pain in the low back and the left lower extremity. The request is for Left L3 Lumbar medial branch radiofrequency Qty: 1.00. Patient is status post two lumbar spine surgeries, the latest in 2007. Examination to the lumbar spine on 08/26/15 revealed a decrease in range of motion. Muscle strength testing was unremarkable; straight leg raising test was negative bilaterally. Patient's treatments have included surgeries, medication, ESI injections, and radiofrequency neurotomies, with benefits. Per 09/03/15 Request For Authorization form, patient's diagnosis include lumbar pain, postlam syndrome, nerve root lesions, and spondylosis. Patient's medications, per 08/26/15 progress report include Tramadol, Zanaflex, Synthroid, and Atenolol. Patient is retired. ODG, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy states: "Criteria for use of facet joint radiofrequency neurotomy: 1. Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). 2. While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief, generally of at least 6 months duration. No more than 3 procedures should be performed in a year's period. 3. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. 4. No more than two joint levels are to be performed at one time. 5. If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. 6. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy." The patient continues with pain in the low back and the left lower extremity. In progress report dated 08/26/15, treater states that the patient underwent radiofrequency neurotomy of the medial branch of the posterior ramus on the left at L4, L5, and S1 on March 18, 2013 which provided over one year of pain relief; the patient underwent the same procedure on 02/24/14 which provided 85% pain relief for 18 months. Per 09/22/15 progress report, patient's diagnosis include facet joint arthropathy, lumbar, and lumbar radiculopathy. Review of the medical records provided did not indicate that the patient has had radiofrequency neurotomy at the requested level. Given the patient's continued pain, the request would be indicated. However, RFA is not recommended when radicular findings are present. Therefore, the request is not medically necessary.

Left L4 Lumbar medial branch radiofrequency Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Facet joint medial branch blocks (therapeutic injections),

Facet joint diagnostic blocks (injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy.

Decision rationale: The patient presents with pain in the low back and the left lower extremity. The request is for Left L4 Lumbar medial branch radiofrequency Qty: 1.00. Patient is status post two lumbar spine surgeries, the latest in 2007. Examination to the lumbar spine on 08/26/15 revealed a decrease in range of motion. Muscle strength testing was unremarkable; straight leg raising test was negative bilaterally. Patient's treatments have included surgeries, medication, ESI injections, and radiofrequency neurotomies, with benefits. Per 09/03/15 Request For Authorization form, patient's diagnosis include lumbar pain, postlam syndrome, nerve root lesions, and spondylosis. Patient's medications, per 08/26/15 progress report include Tramadol, Zanaflex, Synthroid, and Atenolol. Patient is retired. ODG, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy states: "Criteria for use of facet joint radiofrequency neurotomy: 1. Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). 2. While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief, generally of at least 6 months duration. No more than 3 procedures should be performed in a year's period. 3. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. 4. No more than two joint levels are to be performed at one time. 5. If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. 6. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy." The patient continues with pain in the low back and the left lower extremity. In progress report dated 08/26/15, treater states that the patient underwent radiofrequency neurotomy of the medial branch of the posterior ramus on the left at L4, L5, and S1 on March 18, 2013 which provided over one year of pain relief; the patient underwent the same procedure on 02/24/14 which provided 85% pain relief for 18 months. For a repeat RFA, the ODG guidelines require 50% or more of pain improvement for at least 12 weeks. In addition, medication reduction AND functional improvement must be provided. While the treater documents pain reduction, there are no further discussion regarding medication reduction and any significant functional changes. Furthermore, in 08/26/15 progress report, the treater states that the patient has pain extending as a burning sensation to the posterior thigh that appears largely radicular. The guidelines do not recommend RFA when radicular findings are present. The request is not medically necessary.

Left L3 Lumbar medial branch radiofrequency Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Facet joint medial branch blocks (therapeutic injections), Facet joint diagnostic blocks (injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy.

Decision rationale: The patient presents with pain in the low back and the left lower extremity. The request is for Left L5 Lumbar medial branch radiofrequency Qty: 1.00. Patient is status post two lumbar spine surgeries, the latest in 2007. Examination to the lumbar spine on 08/26/15 revealed a decrease in range of motion. Muscle strength testing was unremarkable; straight leg raising test was negative bilaterally. Patient's treatments have included surgeries, medication, ESI injections, and radiofrequency neurotomies, with benefits. Per 09/03/15 Request For Authorization form, patient's diagnosis include lumbar pain, postlam syndrome, nerve root lesions, and spondylosis. Patient's medications, per 08/26/15 progress report include Tramadol, Zanaflex, Synthroid, and Atenolol. Patient is retired. ODG, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy states: "Criteria for use of facet joint radiofrequency neurotomy: 1. Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). 2. While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief, generally of at least 6 months duration. No more than 3 procedures should be performed in a year's period. 3. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. 4. No more than two joint levels are to be performed at one time. 5. If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. 6. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy." The patient continues with pain in the low back and the left lower extremity. In progress report dated 08/26/15, treater states that the patient underwent radiofrequency neurotomy of the medial branch of the posterior ramus on the left at L4, L5, and S1 on March 18, 2013 which provided over one year of pain relief; the patient underwent the same procedure on 02/24/14 which provided 85% pain relief for 18 months. For a repeat RFA, the ODG guidelines require 50% or more of pain improvement for at least 12 weeks. In addition, medication reduction AND functional improvement must be provided. While the treater documents pain reduction, there are no further discussion regarding medication reduction and any significant functional changes. Furthermore, in 08/26/15 progress report, the treater states that the patient has pain extending as a burning sensation to the posterior thigh that appears largely radicular. The guidelines do not recommend RFA when radicular findings are present. The request is not medically necessary.

